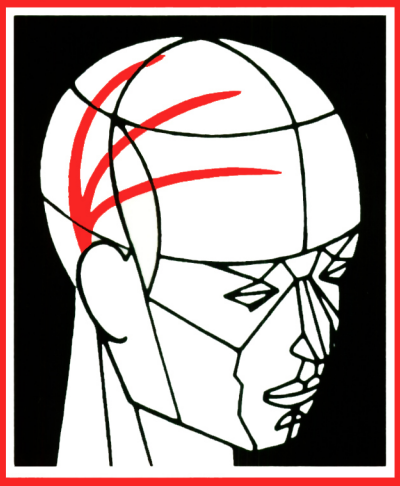
https://doi.org/10.1017/S0317167100024306 Published online by Cambridge University Press

Vascular headaches
of the migraine type

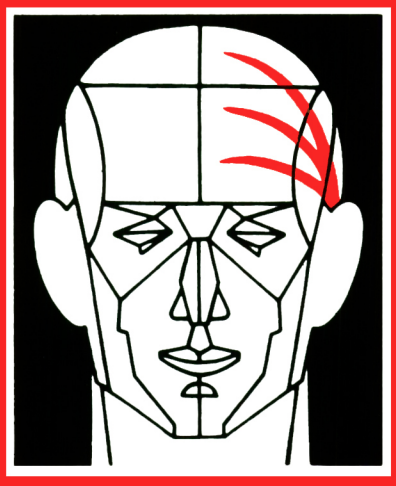
CAFERGOT® tablets
GYNERGEN® tablets and injections

Symptomatic treatment of classic, common, or cluster migraine.



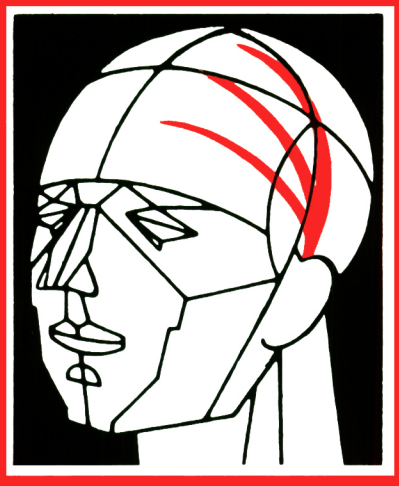
SANDOMIGRAN® tablets
SANSERT® tablets

Prophylactic treatment of frequent, recurring vascular headaches.



CAFERGOT®-PB tablets and suppositories

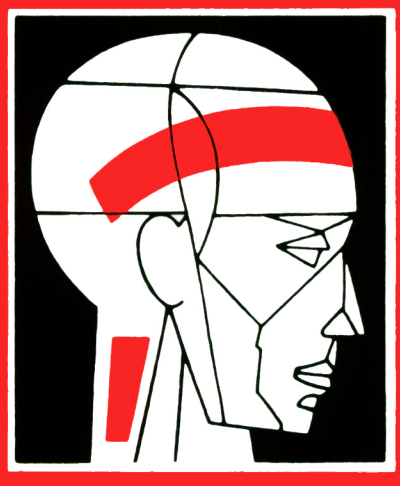
Symptomatic treatment of classic, common, or cluster migraine (accompanied by nervous tension, nausea and vomiting).



Tension headaches
(muscle contraction)

FIORINAL® tablets and capsules
FIORINAL®-C ¼ capsules
FIORINAL®-C ½ capsules

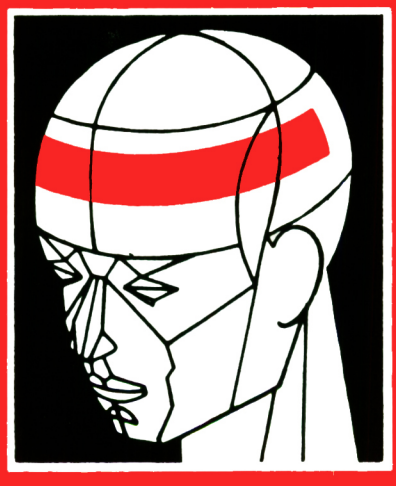
Symptomatic treatment of muscle contraction headache (tension headache).



Other non-vascular headaches

FIORINAL® tablets and capsules
FIORINAL®-C ¼ capsules
FIORINAL®-C ½ capsules

Symptomatic treatment of other non-vascular headaches (headaches associated with dysmenorrhea, sinusitis, febrile diseases, cold and grippe, overeating, hangover).



Full product information is available upon request.

Contact your Sandoz representative or write to the Medical Services Department of Sandoz (Canada) Limited for a complimentary supply of our new diagnostic aid - the patient's "HEADACHE HISTORY" or for information about our audio visuals concerning the diagnosis and treatment of headaches.

SANDOZ®

SANDOZ (CANADA) LIMITED
P.O. BOX 385, DORVAL, QUEBEC H9R 4P5

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Cogentin*

(benztropine mesylate, MSD Std.)

Antiparkinsonian agent

MSD

MERCK SHARP & DOHME CANADA LIMITED
POINTE CLAIRE, QUEBEC H9R 4P7

*Trademark

CGT-8-481-JA

FULL PRESCRIBING INFORMATION AVAILABLE ON REQUEST

Progress for the Parkinsonian Patient

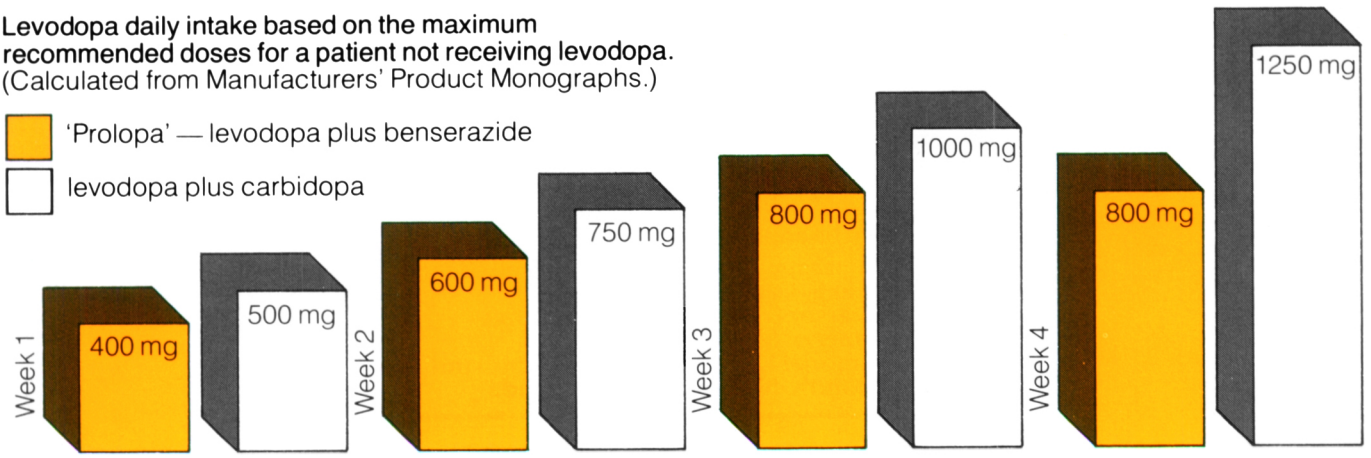
Prolopa®

1971 Roche was the first to introduce levodopa (Larodopa*), a drug which could substantially improve the life of the Parkinsonian patient.

1977 Continuous research and clinical trials enables Roche to introduce 'Prolopa' (levodopa plus the decarboxylase inhibitor benserazide in a 4:1 ratio). 'Prolopa' provides significant advantages for the patient and physician:

- An equal degree of improvement to that obtained with levodopa alone in the signs and symptoms of Parkinson's disease.[1]
- A marked reduction (approximately fivefold) in the daily dosage of levodopa needed to obtain a satisfactory response from patients.[2,3]
- A more rapid clinical response. Maximum benefit achieved in days as opposed to months with levodopa.[4]
- Less frequent occurrences of the side effects of nausea and vomiting with 'Prolopa' than with levodopa only.[5]
- A simpler dosage regimen.[2]
- Within the range of recommended doses, less levodopa is required to reach optimal dosage for most patients than with the combination of L-dopa plus carbidopa.[6]

Levodopa daily intake based on the maximum recommended doses for a patient not receiving levodopa.
(Calculated from Manufacturers' Product Monographs.)



'Prolopa': Initially, one capsule b.i.d., increasing by one capsule every three days to a maximum of eight capsules. Combination of levodopa plus carbidopa: Initially ½ tablet b.i.d., increasing by ½ tablet every three days to a maximum of five tablets.

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Brief Prescribing Information

Classification
Antiparkinsonism agent

Indications
The treatment of Parkinson's syndrome with the exception of drug-induced parkinsonism.

Contraindications
Patients with a known sensitivity to levodopa or benserazide. In patients in whom sympathomimetic amines are contraindicated; in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. Clinical or laboratory evidence of uncompensated cardiovascular, endocrine, renal, hepatic, hematologic or pulmonary disease; in narrow angle glaucoma (may be used in wide-angle glaucoma provided that the intra-ocular pressure remains under control). History of melanoma or with suspicious undiagnosed skin lesions.

Warnings
Discontinue levodopa therapy at least twelve hours before initiation of 'Prolopa' therapy. To avoid inducing central nervous system side effects (abnormal movements) dosage of 'Prolopa' 100-25 should be increased gradually. Observe patients for signs of depression with suicidal tendencies or other serious behavioural changes. Exercise caution in patients with a history of psychotic disorders or who are receiving psychotherapeutic agents such as reserpine, pheno-thiazines or tricycle anti-depressants.
Administer with care to patients with a history of myocardial infarction or who have atrial, nodal or ventricular arrhythmias. The safety of 'Prolopa' in patients under 18 years has not been established. In women of childbearing potential who are or who may become pregnant the anticipated benefits of the drug should be weighed against the possible hazards to mother and fetus. 'Prolopa' should not be given to nursing mothers.

Precautions
Patients with a history of convulsive disorders should be treated cautiously with 'Prolopa'. Upper gastrointestinal hemorrhage may occur in patient with a history of peptic ulcer.
Patients who improve on 'Prolopa' therapy should be advised to resume normal activities gradually as rapid mobilization may increase the risk of injury. 'Prolopa' should be administered with caution to patients on antihypertensive medication.

Adverse Reactions
Abnormal involuntary movements are the most common adverse reactions with 'Prolopa'. These are usually dose-dependent and may disappear or become tolerable after dose reduction. Periodic oscillations in performance, end-of-dose akinesia, on-off phenomenon and akinesia paradoxica constitute the most serious problems encountered after prolonged 'Prolopa' therapy.
Side effects such as nausea and vomiting, which are frequently observed during the initial stages of levodopa therapy, are much less common in patients treated with 'Prolopa'. Cardiovascular disturbances such as arrhythmias and orthostatic hypotension are less frequent than in patients treated with levodopa alone. Psychiatric disturbances including mild elation, depression, anxiety, agitation, aggression, hallucinations and delusions are also encountered.

Dosage
Recommended initial dose is one capsule of 'Prolopa' 100-25 once or twice a day. This dose may be carefully increased by one capsule every third or fourth day until an optimal therapeutic effect is obtained without dyskinesias. Near the upper limits of dosage, the increments should be made slowly, at 2-4 week intervals.
Optimal dosage for most patients is 4-8 capsules of 'Prolopa' 100-25 daily (400-800 mg levodopa), divided into 4-6 doses. Most patients require no more than 6 capsules of 'Prolopa' 100-25 (600 mg levodopa), per day.
'Prolopa' 200-50 capsules are intended only for maintenance therapy once the optimal dosage has been determined using 'Prolopa' 100-25 capsules. **No patient should receive more than 5-6 capsules of 'Prolopa' 200-50 daily (1000-1250 mg levodopa in combined therapy), during the first year of treatment.**

Supply
'Prolopa' 100-25 capsules containing 100 mg levodopa and 25 mg benserazide and 'Prolopa' 200-50 capsules containing 200 mg levodopa and 50 mg benserazide, in bottles of 100.

References

1. Fazio, C. et al.: Treatment of Parkinson's Disease with L-dopa and Association L-dopa plus a DOPA Decarboxylase Inhibitor. *Z. Neuro.*, 202:347. (1972).
2. Barbeau, A.: Treatment of Parkinson's Disease with L-dopa and Ro 4-4602: Review and Present Status. *Advance in Neurology*, Ed.: D.B. Clane, Raven Press, New York, 2:173. (1973).
3. Rinne, U.K. et al.: Treatment of Parkinson's Disease with L-dopa and Decarboxylase Inhibitor. *Neuro.*, 202:1. (1972).
4. Schneider, E. et al.: Wirkungsvergleich von L-dopa und der Kombination L-dopa Decarboxylasehemmer beim Parkinson-Syndrom. *Arch. Psychiat. Nervenkr.*, 217:95. (1973).
5. Steinhausl, H.: Erfahrungsbericht über die Behandlung des Parkinson-Syndroms mit dem Kombinationspraparat L-dopa Dekarboxylasehemmer (Ro-8-0576). *Wien. med. Wschr.*, 123:433. (1973).
6. Manufacturers' Product Monographs.

Prolopa®

a choice after comparisons

Product monograph available upon request
®Registered Trade Mark for levodopa plus benserazide
*Registered Trade Mark for levodopa

ROCHE Hoffmann-La Roche Limited
Vaudreuil, Québec

PAAB CCPP

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Results of a Recent Post-Myocardial

ANTURAN REDUCED
(sulfinpyrazone)
ANNUAL CARDIAC DEATH RATE BY 48.5%
COMPARED WITH PLACEBO.

The Trial

A prospective, randomized, double-blind, multi-center study analyzing 1,475 patients, comparing the effect of Anturan 200 mg q.i.d. and placebo in the prevention of cardiac mortality in patients with recent myocardial infarction.

Twenty-one U.S. and five Canadian hospitals participated in the trial.

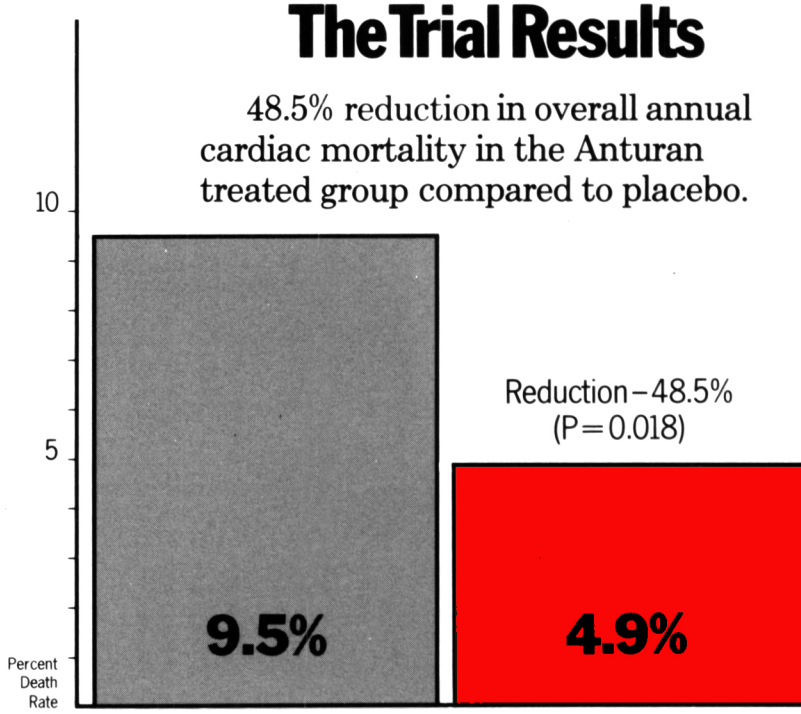
The co-ordinators consisted of representatives of the medical, epidemiological and biostatistical communities of Canada and the U.S.

REFERENCE:
1. Sulfinpyrazone in the Prevention of Cardiac Death after Myocardial Infarction. The Anturan Reinfarction Trial. The Anturan Reinfarction Trial Research Group. In: New England Journal of Medicine, Vol. 298, No. 6, Feb. 9, 1978.

For brief prescribing information, see page 00.

The Trial Results

48.5% reduction in overall annual cardiac mortality in the Anturan treated group compared to placebo.



Death from Cardiac causes

G-8062

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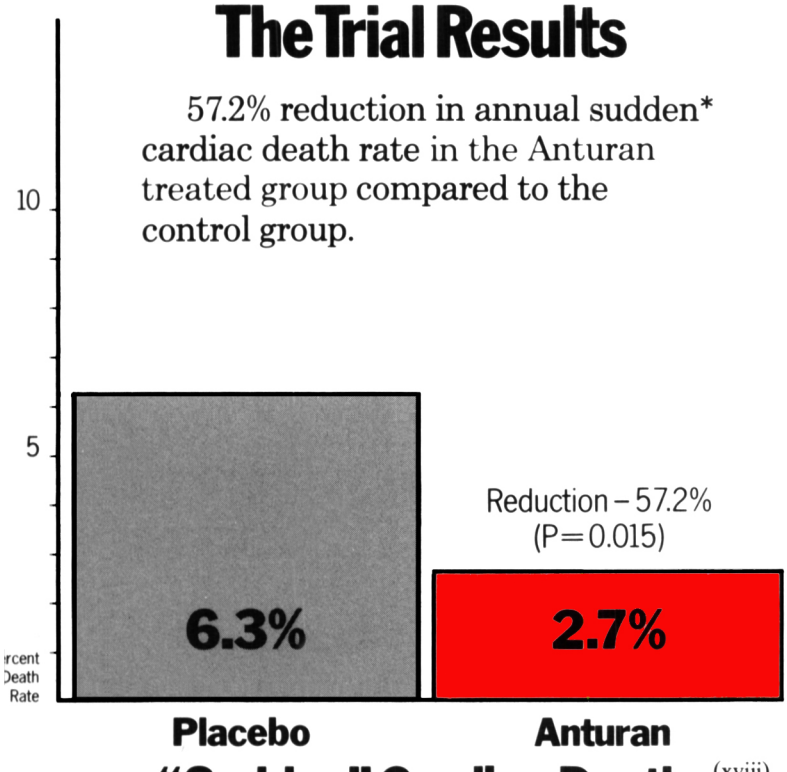
Infarction Trial:[1]

ANNUAL SUDDEN* CARDIAC DEATH RATE BY 57.2%
COMPARED WITH PLACEBO.

The Trial Results

57.2% reduction in annual sudden* cardiac death rate in the Anturan treated group compared to the control group.



"Sudden" Cardiac Death (xviii)

"The data reflect excellent randomization, compliance with therapy and tolerance of the drug."[1]

Conclusion

"There are approximately 900 deaths per week in the United States among patients who have recently recovered from an acute myocardial infarction. If the benefit of sulfinpyrazone therapy can be shown to be sustained in the later periods of this trial, conservative interpretation of the overall results to date suggest the feasibility of reducing cardiac deaths during the first year after myocardial infarction by 200 to 300 per week."[1]

*Sudden death – within 60 minutes of onset of symptoms.

It's a matter of life.

ANTURAN®
200mg four times a day

Geigy
Dorval, Que. H9S 1B1

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ANTURAN®
200 mg four times a day

INDICATIONS:
1 Clinical states in which abnormal platelet behavior is a causative or associated factor, as demonstrated by:
- thromboembolism associated with vascular and cardiac prostheses
- recurrent venous thrombosis
- arteriovenous shunt thrombosis

2 Chronic phases of gout, both the intercritical or silent stage and the gouty arthritis stage.

DOSAGE AND ADMINISTRATION:
Thromboembolic conditions: – Usual daily dosage is 600 – 800 mg in divided doses. It is recommended not to exceed 1000 mg (20 mg/kg for a 50 kg man) daily.
Gout: – Usual daily dosage is 200 – 400 mg in divided doses. This average dosage may be increased to 800 mg if necessary, or reduced to 200 mg when urate blood level has been satisfactorily controlled. Minimum effective dose should be maintained indefinitely without interruption even during acute attacks, which should be treated concomitantly with either Butazolidin or colchicine.

The change from other uricosuric agents to Anturan should be made at full dosage.

It is important to distribute the total dose as well as possible over a 24-hour period. It is recommended that Anturan be taken with meals.

CONTRAINDICATIONS:
The safe use of sulfinpyrazone in pregnancy has not been established. It should not be used during pregnancy unless in the opinion of the treating physician the expected benefits outweigh the potential risks.

Active peptic ulcer.

Known hypersensitivity to sulfinpyrazone and other pyrazolone derivatives. Severe hepatic or renal disease, unless due to platelet aggregates.

WARNINGS:
Avoid salicylate therapy, unless administered under careful supervision:
(i) Salicylates and citrates antagonize the uricosuric action of sulfinpyrazone and may therefore interfere with uric acid excretion.
(ii) Salicylates may cause unpredictable and at times, serious prolongation of the bleeding time and in combination with sulfinpyrazone may cause bleeding episodes. If during Anturan therapy, aspirin or another chemically-related drug must be used, patients should be urged to report immediately any undue bleeding episode.

It should be administered with care to patients with a history of healed peptic ulcer.

PRECAUTIONS:
As with all pyrazole compounds, patients receiving Anturan should be kept under close medical supervision and periodic blood counts are recommended.

Recent reports have indicated that Anturan potentiates the action of sulfonamides, e.g., sulfadiazine, sulfisoxazole. Other pyrazole compounds e.g., phenylbutazone, potentiate the hypoglycemic effects of sulfonylureas. There have also been reports that phenylbutazone enhances the effects of insulin in diabetics. Therefore, it is recommended that Anturan be used with caution in conjunction with insulin, sulfonamides, the sulfonylurea hypoglycemic agents and, in general, with agents known to displace, or to be displaced by, other substances, such as penicillin, from serum albumin binding sites.

Because Anturan is a potent uricosuric agent, it may precipitate urolithiasis and renal colic, especially in the initial stages of therapy, in hyperuricemic patients. For this reason, an adequate fluid intake and alkalinization of the urine are recommended. In cases with significant renal impairment, periodic assessment of renal function is indicated.

Since Anturan modifies platelet behavior and, therefore, interferes with one of the components of the blood-clotting system, it should be used with care in conjunction with certain vitamin K antagonists which inhibit clotting through a different mechanism. Regular estimations of bleeding time should be performed.

ADVERSE REACTIONS:
The most frequently reported adverse reactions to Anturan have been gastric complaints or disturbances. Anturan may aggravate or reactivate peptic ulcer. Gastrointestinal bleeding has been reported.

Skin rashes have been reported in rare instances. When they occur, Anturan should be withdrawn.

Anemia, leukopenia, agranulocytosis, thrombocytopenia have rarely been associated with the administration of Anturan.

DOSAGE FORMS:
Anturan 100 mg: Each white, single scored tablet, imprinted Geigy and bearing the identification code FK, contains 100 mg sulfinpyrazone Geigy standard. Supplied in bottles of 100 and 1,000.
Anturan 200 mg: Each white, sugar-coated tablet, imprinted Geigy, contains 200 mg sulfinpyrazone Geigy standard. Supplied in bottles of 100 and 500.
Product monograph supplied on request.

Geigy
Dorval, Qué. H9S 1B1

G-8062

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